

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Minnesota Democratic-Farmer-Labor Party

ADDRESS (number and street)

255 East Plato Blvd

☐Check if different  
than previously  
reported. (ACC)

Saint Paul

MN

55107

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00025254

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☒

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
PRE-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
Post -Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

02

01

2009

through

02

28

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Lori Sellner

Signature of Treasurer

Electronically Filed by Lori Sellner

Date

03

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Minnesota Democratic-Farmer-Labor Party

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2009</span>		152523.33
(b) Cash on Hand at Beginning of Reporting Period .....	293958.60	
(c) Total Receipts (from Line 19) .....	274153.28	663520.60
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	568111.88	816043.93
7. Total Disbursements (from Line 31) .....	363917.87	611849.92
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	204194.01	204194.01
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	58148.84	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Minnesota Democratic-Farmer-Labor Party

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	2	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	2	2	8	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	10416.66	19044.31
(i) Itemized (use Schedule A) .....	14328.09	42335.38
(ii) Unitemized .....	24744.75	61379.69
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	24744.75	61379.69
12. Transfers From Affiliated/Other Party Committees .....	42130.94	73130.94
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	36668.45	70506.51
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	176550.00	451550.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	-5940.86	6953.46
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	-5940.86	6953.46
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	274153.28	663520.60
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	280094.14	656567.14

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	8972.05	36371.44
(ii) Non-Federal Share.....	21318.29	41882.39
(b) Other Federal Operating Expenditures.....	62964.66	116752.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	93255.00	195006.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	270460.78	410895.20
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	202.09	5948.47
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	202.09	5948.47
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	363917.87	611849.92
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	342599.58	569967.53

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	24744.75	61379.69
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	24744.75	61379.69
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	71936.71	153123.86
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	36668.45	70506.51
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	35268.26	82617.35

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

Debra Hogenson

Mailing Address 15069 Roberts Ave

City

Brewster

State

MN

Zip Code

56119-1952

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Alternatives, SLS

Occupation

Own-Social Worker

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 0 / 2 0 0 9

Transaction ID: C5040993

Amount of Each Receipt this Period

100.00

**B.**

Full Name (Last, First, Middle Initial)

Josie Johnson

Mailing Address 400 Groveland Ave  
Apt 2007

City

Minneapolis

State

MN

Zip Code

55403-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Minnesota

Occupation

Education

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 0 / 2 0 0 9

Transaction ID: C5040959

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Josie Johnson

Mailing Address 400 Groveland Ave  
Apt 2007

City

Minneapolis

State

MN

Zip Code

55403-3205

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
University of Minnesota

Occupation

Education

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 0 / 2 0 0 9

Transaction ID: C5101038

Amount of Each Receipt this Period

25.00

**SUBTOTAL** of Receipts This Page (optional) .....

175.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 98

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

Eric James Margolis

Mailing Address 649 North Van Buren Trail

City

Hopkins

State

MN

Zip Code

55343-8148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Web Page Designer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	2	/	2	0	0	9

Transaction ID: C5104336

Amount of Each Receipt this Period

25.00

**B.**

Full Name (Last, First, Middle Initial)

Eric James Margolis

Mailing Address 649 North Van Buren Trail

City

Hopkins

State

MN

Zip Code

55343-8148

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Self

Occupation

Web Page Designer

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	0	/	2	0	0	9

Transaction ID: C5040964

Amount of Each Receipt this Period

50.00

**C.**

Full Name (Last, First, Middle Initial)

Mike Murr

Mailing Address 699 Brentwood Ln

City

Eagan

State

MN

Zip Code

55123-1332

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
ISD 199

Occupation

Teacher

Receipt For: 2008

☐ Primary ☐ General  
☒ Other (specify) ▼  
 Recount

Aggregate Year-to-Date ▼

10000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	9

Transaction ID: C5101205

Amount of Each Receipt this Period

10000.00

SUBTOTAL of Receipts This Page (optional) .....

10075.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 98

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

Katheirne C. Speer

Mailing Address 52823 305th Avenue

City

Elgin

State

MN

Zip Code

55932-5281

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

366.66

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 0 7 / 2 0 0 9

Transaction ID: C5104356

Amount of Each Receipt this Period

83.33

**B.**

Full Name (Last, First, Middle Initial)

Rolf E. Westgard

Mailing Address 25189 Moonrise Trl

City

Deerwood

State

MN

Zip Code

56444-8832

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Retired

Occupation  
Retired

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

716.66

Date of Receipt

M M / D D / Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: C5104340

Amount of Each Receipt this Period

83.33

**SUBTOTAL** of Receipts This Page (optional) .....

166.66

**TOTAL** This Period (last page this line number only) .....

10416.66



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 98

(check only one)

☐ 11a ☐ 11b ☐ 11c ☒ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

ASDC Partnership Program

Mailing Address 430 S Capitol St SE

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C** C00402404

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.94

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: C5040934

Amount of Each Receipt this Period

130.94

**B.**

Full Name (Last, First, Middle Initial)

Dollars for Democrats

Mailing Address 430 S Capitol St SE  
C00073791

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C** C00073791

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 4 / 2 0 0 9

Transaction ID: C5041020

Amount of Each Receipt this Period

15000.00

**C.**

Full Name (Last, First, Middle Initial)

Dollars for Democrats

Mailing Address 430 S Capitol St SE  
C00073791

City

Washington

State

DC

Zip Code

20003

FEC ID number of contributing  
federal political committee.

**C** C00073791

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

42000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: C5101207

Amount of Each Receipt this Period

27000.00

**SUBTOTAL** of Receipts This Page (optional) .....

42130.94

**TOTAL** This Period (last page this line number only) .....

42130.94

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 98

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

Ellison (Keith) for Congress

Mailing Address 1629 Bryant Ave N

City

Minneapolis

State

MN

Zip Code

55411

FEC ID number of contributing  
federal political committee.

**C** C00422410

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25791.43

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: C5100351

Amount of Each Receipt this Period

5531.78

Payroll Services

**B.**

Full Name (Last, First, Middle Initial)

Ellison (Keith) for Congress

Mailing Address 1629 Bryant Ave N

City

Minneapolis

State

MN

Zip Code

55411

FEC ID number of contributing  
federal political committee.

**C** C00422410

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25791.43

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 7 / 2 0 0 9

Transaction ID: C5101206

Amount of Each Receipt this Period

5515.75

**C.**

Full Name (Last, First, Middle Initial)

Embarq

Mailing Address PO Box 219505

City

Kansas City

State

MO

Zip Code

64121-9505

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.20

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: C5100348

Amount of Each Receipt this Period

980.20

Refund of Overpayment

**SUBTOTAL** of Receipts This Page (optional) .....

12027.73

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 98

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: C5040936

Amount of Each Receipt this Period

1493.52

Refund for Overpayment

**B.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: C5040937

Amount of Each Receipt this Period

1384.67

Refund for Overpayment

**C.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: C5040938

Amount of Each Receipt this Period

835.63

Refund for Overpayment

**SUBTOTAL** of Receipts This Page (optional) .....

3713.82

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 98

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: C5040939

Amount of Each Receipt this Period

836.82

Refund for Overpayment

**B.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: C5040940

Amount of Each Receipt this Period

2282.15

Refund for Overpayment

**C.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: C5040941

Amount of Each Receipt this Period

813.25

Refund for Overpayment

**SUBTOTAL** of Receipts This Page (optional) .....

3932.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 98

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: C5040942

Amount of Each Receipt this Period

1551.78

Refund for Overpayment

**B.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: C5040943

Amount of Each Receipt this Period

1152.95

Refund for Overpayment

**C.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 0 / 2 0 0 9

Transaction ID: C5040944

Amount of Each Receipt this Period

432.20

Refund for Overpayment

**SUBTOTAL** of Receipts This Page (optional) .....

3136.93

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 98

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 0 / 2 0 0 9

Transaction ID: C5040945

Amount of Each Receipt this Period

2488.04

Refund for Overpayment

**B.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 0 / 2 0 0 9

Transaction ID: C5040947

Amount of Each Receipt this Period

517.89

Refund for Overpayment

**C.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 0 / 2 0 0 9

Transaction ID: C5040948

Amount of Each Receipt this Period

390.29

Refund for Overpayment

**SUBTOTAL** of Receipts This Page (optional) .....

3396.22

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 98

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 2 / 2 0 0 9

Transaction ID: C5041031

Amount of Each Receipt this Period

857.55

Refund for Overpayment

**B.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: C5100349

Amount of Each Receipt this Period

1036.17

Refund of Overpayment

**C.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: C5100352

Amount of Each Receipt this Period

41.11

Refund of Overpayment

**SUBTOTAL** of Receipts This Page (optional) .....

1934.83

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 98

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 1 7 / 2 0 0 9

Transaction ID: C5100353

Amount of Each Receipt this Period

917.72

Refund of Overpayment

**B.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: C5101052

Amount of Each Receipt this Period

138.29

Refund of Overpayment

**C.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: C5101053

Amount of Each Receipt this Period

974.01

Refund of Overpayment

**SUBTOTAL** of Receipts This Page (optional) .....

2030.02

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 98

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: C5101054

Amount of Each Receipt this Period

558.52

Refund of Overpayment

**B.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: C5101059

Amount of Each Receipt this Period

463.03

Refund of Overpayment

**C.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: C5101185

Amount of Each Receipt this Period

199.48

Refund of Overpayment

**SUBTOTAL** of Receipts This Page (optional) .....

1221.03

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 98

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: C5101187

Amount of Each Receipt this Period

1482.95

Refund of Overpayment

**B.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: C5101189

Amount of Each Receipt this Period

117.21

Refund of Overpayment

**C.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: C5101190

Amount of Each Receipt this Period

620.00

Refund of Overpayment

**SUBTOTAL** of Receipts This Page (optional) .....

2220.16

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 98

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: C5101192

Amount of Each Receipt this Period

227.95

Refund of Overpayment

**B.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: C5101194

Amount of Each Receipt this Period

307.12

Refund of Overpayment

**C.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: C5101195

Amount of Each Receipt this Period

187.51

Refund of Overpayment

**SUBTOTAL** of Receipts This Page (optional) .....

722.58

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 98

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: C5101196

Amount of Each Receipt this Period

316.38

Refund of Overpayment

**B.**

Full Name (Last, First, Middle Initial)

QWest

Mailing Address PO Box 1301

City

Minneapolis

State

MN

Zip Code

55483-0002

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

28809.96

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: C5101197

Amount of Each Receipt this Period

512.87

Refund of Overpayment

**C.**

Full Name (Last, First, Middle Initial)

University of MN

Mailing Address Board of Regents Students Activit

City

Minneapolis

State

MN

Zip Code

55455

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2008

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1344.97

Date of Receipt

M M / D D / Y Y Y Y Y  
0 2 / 2 3 / 2 0 0 9

Transaction ID: C5101049

Amount of Each Receipt this Period

1344.97

**SUBTOTAL** of Receipts This Page (optional) .....

2174.22

**TOTAL** This Period (last page this line number only) .....

36509.76

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 98

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

Franken Recount Fund

Mailing Address 4190 Vinewood Ln N  
# 111-554

City	State	Zip Code
Minneapolis	MN	55442-1715

FEC ID number of contributing  
federal political committee.**C** C00457119

Name of Employer

Occupation

Receipt For: 2008

☐ Primary ☐ General  
☒ Other (specify) ▼  
 Recount

Aggregate Year-to-Date ▼

446550.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	7		2	0	0	9

Transaction ID: C5100356

Amount of Each Receipt this Period

176550.00

SUBTOTAL of Receipts This Page (optional) .....

176550.00

TOTAL This Period (last page this line number only) .....

176550.00

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 / 98

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Mary Bonk

Mailing Address 328 Kimberly Rd

City Willernie State MN Zip Code 55090-4500

Purpose of Disbursement  
Accounting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D261887

Date of Disbursement

02 / 20 / 2009

Amount of Each Disbursement this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Donna Cassutt

Mailing Address 815 E 61st St

City Minneapolis State MN Zip Code 55417-3144

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D261889

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

1835.15

C.

Full Name (Last, First, Middle Initial)

Donna Cassutt

Mailing Address 815 E 61st St

City Minneapolis State MN Zip Code 55417-3144

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D259745

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

1610.34

SUBTOTAL of Disbursements This Page (optional) .....

8445.49

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 23 / 98

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

Tarryl Clark

Mailing Address 5 Woodhill Rd

City  
Saint Cloud

State  
MN

Zip Code  
56301-5153

Purpose of Disbursement

Reimbursement: Travel Expenses: US Airways, Four Points Denver, United Air

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D272374

Date of Disbursement

02 / 16 / 2009

Amount of Each Disbursement this Period

1881.00

**B.**

Full Name (Last, First, Middle Initial)

EFTPS Fed Tax Payment

Mailing Address Federal Withholding Taxes

City  
Iowa City

State  
IA

Zip Code  
52244

Purpose of Disbursement

Fed WH Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D259740

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

15746.44

**C.**

Full Name (Last, First, Middle Initial)

Eric Fought

Mailing Address 215 Oak Grove Street, #1801

City  
Minneapolis

State  
MN

Zip Code  
55440

Purpose of Disbursement

Reimbursement: Cell and Audio Equipment: Verizon Wireless

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D272373

Date of Disbursement

02 / 23 / 2009

Amount of Each Disbursement this Period

291.16

**SUBTOTAL** of Disbursements This Page (optional) .....

17918.60

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 / 98

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

HealthPartners

Mailing Address 8170 33rd Ave S

City State Zip Code  
Bloomington MN 55425

Purpose of Disbursement

Health Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D261885

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

4890.50

B.

Full Name (Last, First, Middle Initial)

Sarah Helgen

Mailing Address 3127 18th Ave S

City State Zip Code  
Minneapolis MN 55407-4791

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D261891

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

1184.76

C.

Full Name (Last, First, Middle Initial)

Sarah Helgen

Mailing Address 3127 18th Ave S

City State Zip Code  
Minneapolis MN 55407-4791

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D259749

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

1184.78

**SUBTOTAL** of Disbursements This Page (optional) .....

7260.04

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 25 / 98

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Hibo S Isaq

Mailing Address 371 S Winthrop St #291

City State Zip Code  
Saint Paul MN 55119

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D259751

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

918.53

B.

Full Name (Last, First, Middle Initial)

Hibo S Isaq

Mailing Address 371 S Winthrop St #291

City State Zip Code  
Saint Paul MN 55119

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D261896

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

918.54

C.

Full Name (Last, First, Middle Initial)

Brian Melendez

Mailing Address 1777 Dupont Ave S

City State Zip Code  
Minneapolis MN 55403-3066

Purpose of Disbursement  
Travel Expense DC

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D259782

Date of Disbursement

02 / 06 / 2009

Amount of Each Disbursement this Period

266.55

SUBTOTAL of Disbursements This Page (optional) .....

2103.62

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 26 / 98

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Brian Melendez

Mailing Address 1777 Dupont Ave S

City Minneapolis State MN Zip Code 55403-3066

Purpose of Disbursement  
Travel Expense Breezy Point, MN

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D259783

Date of Disbursement

02 / 07 / 2009

Amount of Each Disbursement this Period

289.30

B.

Full Name (Last, First, Middle Initial)

MN Dept of Revenue

Mailing Address PO Box 821

City Minneapolis State MN Zip Code 55480-0821

Purpose of Disbursement  
MN WH Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D259741

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

2754.00

C.

Full Name (Last, First, Middle Initial)

Catherine Mosher

Mailing Address 3840 45th Ave S

City Minneapolis State MN Zip Code 55406-3518

Purpose of Disbursement  
Election Night Interpreter

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D261888

Date of Disbursement

02 / 24 / 2009

Amount of Each Disbursement this Period

330.00

SUBTOTAL of Disbursements This Page (optional) .....

3373.30

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 27 / 98

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Jared Nordlund

Mailing Address 1110 E 15th Street, #4205

City State Zip Code  
Minneapolis MN 55404

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D259746

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1474.03

B.

Full Name (Last, First, Middle Initial)

Jared Nordlund

Mailing Address 1110 E 15th Street, #4205

City State Zip Code  
Minneapolis MN 55404

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D261895

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1474.03

C.

Full Name (Last, First, Middle Initial)

Andrew O'Leary

Mailing Address 255 Plato Blvd E

City State Zip Code  
Saint Paul MN 55107-1623

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D261893

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1887.85

**SUBTOTAL** of Disbursements This Page (optional) .....

4835.91

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 28 / 98

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Andrew O'Leary

Mailing Address 255 Plato Blvd E

City  
Saint Paul

State  
MN

Zip Code  
55107-1623

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D261894

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

1169.22

B.

Full Name (Last, First, Middle Initial)

Andrew O'Leary

Mailing Address 255 Plato Blvd E

City  
Saint Paul

State  
MN

Zip Code  
55107-1623

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D259742

Date of Disbursement

02 / 14 / 2009

Amount of Each Disbursement this Period

1887.85

C.

Full Name (Last, First, Middle Initial)

Andrew O'Leary

Mailing Address 255 Plato Blvd E

City  
Saint Paul

State  
MN

Zip Code  
55107-1623

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D259743

Date of Disbursement

02 / 14 / 2009

Amount of Each Disbursement this Period

1169.21

SUBTOTAL of Disbursements This Page (optional) .....

4226.28

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 29 / 98

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

John Stiles

Mailing Address 89 King Street E

City  
St Paul

State  
MN

Zip Code  
55107

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D259744

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

1622.12

B.

Full Name (Last, First, Middle Initial)

John Stiles

Mailing Address 89 King Street E

City  
St Paul

State  
MN

Zip Code  
55107

Purpose of Disbursement  
Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D261890

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

1622.12

C.

Full Name (Last, First, Middle Initial)

U.S. Postmaster

Mailing Address Riverview Station

City  
Saint Paul

State  
MN

Zip Code  
55107

Purpose of Disbursement  
Bulk Permit Postage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D261886

Date of Disbursement

02 / 18 / 2009

Amount of Each Disbursement this Period

180.00

SUBTOTAL of Disbursements This Page (optional) .....

3424.24

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 30 / 98

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

<b>A.</b> Full Name (Last, First, Middle Initial) U.S. Postmaster	<b>Transaction ID:</b> D259781 <b>Date of Disbursement</b>
Mailing Address Riverview Station	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 0 3 / 2 0 0 9</div> </div>
City Saint Paul State MN Zip Code 55107	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bulk Rate Postage Permit Candidate Name	<div> <div>180.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) U.S. Postmaster	<b>Transaction ID:</b> D261884 <b>Date of Disbursement</b>
Mailing Address Riverview Station	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 0 9</div> </div>
City Saint Paul State MN Zip Code 55107	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Direct Mail Postage Candidate Name	<div> <div>2669.28</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>C.</b> Full Name (Last, First, Middle Initial) US Bank	<b>Transaction ID:</b> D272523 <b>Date of Disbursement</b>
Mailing Address 5th and Robert St	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 9</div> </div>
City Saint Paul State MN Zip Code 55101	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Bank Service Charges Candidate Name	<div> <div>35.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional) .....

**2884.28**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 31 / 98

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

US Bank

Mailing Address 5th and Robert St

City  
Saint Paul

State  
MN

Zip Code  
55101

Purpose of Disbursement  
Bank Service Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D272524

Date of Disbursement

02 / 02 / 2009

Amount of Each Disbursement this Period

111.58

B.

Full Name (Last, First, Middle Initial)

US Bank

Mailing Address 5th and Robert St

City  
Saint Paul

State  
MN

Zip Code  
55101

Purpose of Disbursement  
Bank Service Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2010  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D272525

Date of Disbursement

02 / 03 / 2009

Amount of Each Disbursement this Period

684.92

C.

Full Name (Last, First, Middle Initial)

US Bank

Mailing Address 5th and Robert St

City  
Saint Paul

State  
MN

Zip Code  
55101

Purpose of Disbursement  
Bank Charges

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: D272551

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

70.00

**SUBTOTAL** of Disbursements This Page (optional) .....

866.50

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 32 / 98

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

<b>A.</b> Full Name (Last, First, Middle Initial) David Wakely	<b>Transaction ID:</b> D261897 <b>Date of Disbursement</b>																				
Mailing Address 1151 Hamline Ave N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	6		2	0	0	9												
City Saint Paul State MN Zip Code 55108-2613	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1392.00</td> </tr> </table>	1392.00																			
1392.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>B.</b> Full Name (Last, First, Middle Initial) David Wakely	<b>Transaction ID:</b> D259748 <b>Date of Disbursement</b>																				
Mailing Address 1151 Hamline Ave N	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	0	9												
City Saint Paul State MN Zip Code 55108-2613	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1392.00</td> </tr> </table>	1392.00																			
1392.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
<b>C.</b> Full Name (Last, First, Middle Initial) Anna Wojtanowicz	<b>Transaction ID:</b> D259747 <b>Date of Disbursement</b>																				
Mailing Address 2700 Lake St E #2400	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	1		2	0	0	9												
City Minneapolis State MN Zip Code 55406	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Payroll	<table border="1"> <tr> <td colspan="10">1437.00</td> </tr> </table>	1437.00																			
1437.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**4221.00**

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 33 / 98

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Anna Wojtanowicz

Mailing Address 2700 Lake St E #2400

City State Zip Code  
Minneapolis MN 55406

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D261898

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

1437.00

B.

Full Name (Last, First, Middle Initial)

Mary Xiong

Mailing Address 480 Hazel St N  
Apt 201

City State Zip Code  
Saint Paul MN 55119-3497

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D261892

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

984.20

C.

Full Name (Last, First, Middle Initial)

Mary Xiong

Mailing Address 480 Hazel St N  
Apt 201

City State Zip Code  
Saint Paul MN 55119-3497

Purpose of Disbursement

Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: D259750

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

984.20

SUBTOTAL of Disbursements This Page (optional) .....

3405.40

TOTAL This Period (last page this line number only) .....

62964.66

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 34 / 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Joseph Aronson

Mailing Address 914 6th St E #1

City State Zip Code  
Minneapolis MN 55106

Purpose of Disbursement

Recount Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D259756

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

1237.81

B.

Full Name (Last, First, Middle Initial)

Joseph Aronson

Mailing Address 914 6th St E #1

City State Zip Code  
Minneapolis MN 55106

Purpose of Disbursement

Recount Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D261899

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

1237.81

C.

Full Name (Last, First, Middle Initial)

Joseph Aronson

Mailing Address 914 6th St E #1

City State Zip Code  
Minneapolis MN 55106

Purpose of Disbursement

Recount Mileage and Cell Phone Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D272321

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

393.80

**SUBTOTAL** of Disbursements This Page (optional) .....

2869.42

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

John Barriere

Mailing Address 9 New York Street

City State Zip Code  
Dover NH 03820

Purpose of Disbursement  
Recount Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D272307

Date of Disbursement

/   /

Amount of Each Disbursement this Period

364.51

B.

Full Name (Last, First, Middle Initial)

Kent C Berg

Mailing Address 369 Laurel Ave #306

City State Zip Code  
Saint Paul MN 55102

Purpose of Disbursement  
Recount Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D261900

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1160.81

C.

Full Name (Last, First, Middle Initial)

Kent C Berg

Mailing Address 369 Laurel Ave #306

City State Zip Code  
Saint Paul MN 55102

Purpose of Disbursement  
Recount Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D259757

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1160.81

**SUBTOTAL** of Disbursements This Page (optional) .....

2686.13

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 36 / 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

<b>A.</b> Full Name (Last, First, Middle Initial) Bes Cleaning Company	<b>Transaction ID:</b> D272529 <b>Date of Disbursement</b>
Mailing Address 2818 Western Avenue	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 7 / 2 0 0 9</div> </div>
City State Zip Code Saint Paul MN 55113	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Office Cleaning	<div> <div></div> <div>100.00</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2010 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
<b>B.</b> Full Name (Last, First, Middle Initial) Mary Breitenstein	<b>Transaction ID:</b> D259755 <b>Date of Disbursement</b>
Mailing Address 5144 Xerxes Ave S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 1 / 2 0 0 9</div> </div>
City State Zip Code Minneapolis MN 55410-2254	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Recount Payroll	<div> <div></div> <div>1344.91</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount
<b>C.</b> Full Name (Last, First, Middle Initial) Mary Breitenstein	<b>Transaction ID:</b> D261901 <b>Date of Disbursement</b>
Mailing Address 5144 Xerxes Ave S	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 6 / 2 0 0 9</div> </div>
City State Zip Code Minneapolis MN 55410-2254	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Recount Payroll	<div> <div></div> <div>1344.92</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount

**SUBTOTAL** of Disbursements This Page (optional) .....

**2789.83**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 37 / 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Laura Cederberg

Mailing Address 5705 Camelback Drive

City Edina State MN Zip Code 55436

Purpose of Disbursement

Recount Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D261902

Date of Disbursement

02 / 26 / 2009

Amount of Each Disbursement this Period

1086.71

B.

Full Name (Last, First, Middle Initial)

Laura Cederberg

Mailing Address 5705 Camelback Drive

City Edina State MN Zip Code 55436

Purpose of Disbursement

Recount Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D259759

Date of Disbursement

02 / 11 / 2009

Amount of Each Disbursement this Period

1086.69

C.

Full Name (Last, First, Middle Initial)

Laura Cederberg

Mailing Address 5705 Camelback Drive

City Edina State MN Zip Code 55436

Purpose of Disbursement

Recount Mileage and Cell Phone Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D272317

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

233.41

SUBTOTAL of Disbursements This Page (optional) .....

2406.81

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 38 / 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

<b>A.</b> Full Name (Last, First, Middle Initial) Center Point Energy	<b>Transaction ID:</b> D272312 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1297	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	9		2	0	0	9												
City Minneapolis State MN Zip Code 55472-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Recount Utilities	<table border="1"> <tr> <td colspan="10">161.58</td> </tr> </table>	161.58																			
161.58																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount																				
<b>B.</b> Full Name (Last, First, Middle Initial) Center Point Energy	<b>Transaction ID:</b> D272313 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1297	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	9		2	0	0	9												
City Minneapolis State MN Zip Code 55472-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Recount Utilities	<table border="1"> <tr> <td colspan="10">45.42</td> </tr> </table>	45.42																			
45.42																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount																				
<b>C.</b> Full Name (Last, First, Middle Initial) Center Point Energy	<b>Transaction ID:</b> D272536 <b>Date of Disbursement</b>																				
Mailing Address PO Box 1297	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	9		2	0	0	9												
City Minneapolis State MN Zip Code 55472-0001	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Recount Office Utilities	<table border="1"> <tr> <td colspan="10">34.31</td> </tr> </table>	34.31																			
34.31																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount																				

**SUBTOTAL** of Disbursements This Page (optional) .....

**241.31**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 39 / 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Geraldeen Chester

Mailing Address 96152 Glenwood Road

City Yulee State FL Zip Code 32097

Purpose of Disbursement  
Recount Travel Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D272319

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

383.50

B.

Full Name (Last, First, Middle Initial)

Warren Clafin

Mailing Address 321 4th Ave S

City South Saint Paul State MN Zip Code 55075

Purpose of Disbursement  
Recount Travel Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D272324

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

123.00

C.

Full Name (Last, First, Middle Initial)

Warren Clafin

Mailing Address 321 4th Ave S

City South Saint Paul State MN Zip Code 55075

Purpose of Disbursement  
Reimbursements: Recount Copies: Minneapolis Finance Department

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D272325

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

81.25

**SUBTOTAL** of Disbursements This Page (optional) .....

587.75

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

Warren Clafin

Mailing Address 321 4th Ave S

City  
South Saint Paul

State  
MN

Zip Code  
55075

Purpose of Disbursement  
Recount Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

**Transaction ID:** D261903

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1160.81

**B.**

Full Name (Last, First, Middle Initial)

Warren Clafin

Mailing Address 321 4th Ave S

City  
South Saint Paul

State  
MN

Zip Code  
55075

Purpose of Disbursement  
Recount Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

**Transaction ID:** D259758

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1160.81

**C.**

Full Name (Last, First, Middle Initial)

Nathan Clark

Mailing Address 5 Woodhill Road

City  
St. Cloud

State  
MN

Zip Code  
56301

Purpose of Disbursement  
Recount Travel Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

**Transaction ID:** D272344

Date of Disbursement

/   /

Amount of Each Disbursement this Period

325.62

**SUBTOTAL** of Disbursements This Page (optional) .....

2647.24

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 41 / 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Sarah Duevel

Mailing Address 324 West 9th Street

City Mankato State MN Zip Code 56001

Purpose of Disbursement  
Recount Mileage and Cell Phone Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D272322

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

761.60

B.

Full Name (Last, First, Middle Initial)

Sarah Duevel

Mailing Address 324 West 9th Street

City Mankato State MN Zip Code 56001

Purpose of Disbursement  
Reimbursement: Recount Volunteer Food: Pizza Hut

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D272323

Date of Disbursement

02 / 19 / 2009

Amount of Each Disbursement this Period

207.96

C.

Full Name (Last, First, Middle Initial)

EFTPS Fed Tax Payment

Mailing Address Federal Withholding Taxes

City Iowa City State IA Zip Code 52244

Purpose of Disbursement  
Recount Fed WH Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House ☐ Senate ☐ President  
State: District: Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D259752

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

11722.14

SUBTOTAL of Disbursements This Page (optional) .....

12691.70

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 42 / 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

Ian Fischer

Mailing Address 2805 Polk Street

City Minneapolis State MN Zip Code 55418

Purpose of Disbursement

Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D259798

Date of Disbursement

02 / 06 / 2009

Amount of Each Disbursement this Period

1000.00

**B.**

Full Name (Last, First, Middle Initial)

Ian Fischer

Mailing Address 2805 Polk Street

City Minneapolis State MN Zip Code 55418

Purpose of Disbursement

Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D259799

Date of Disbursement

02 / 13 / 2009

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Ian Fischer

Mailing Address 2805 Polk Street

City Minneapolis State MN Zip Code 55418

Purpose of Disbursement

Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D272327

Date of Disbursement

02 / 20 / 2009

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2000.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 43 / 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

Ian Fischer

Mailing Address 2805 Polk Street

City State Zip Code  
Minneapolis MN 55418Purpose of Disbursement  
Recount Stipend

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D272328

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	7	/	2	0	0	9

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

James Haggar

Mailing Address 204 Western Ave., #302

City State Zip Code  
Saint Paul MN 55102Purpose of Disbursement  
Recount Consulting Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259784

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	0	9

Amount of Each Disbursement this Period

1500.00

**C.**

Full Name (Last, First, Middle Initial)

James Haggar

Mailing Address 204 Western Ave., #302

City State Zip Code  
Saint Paul MN 55102Purpose of Disbursement  
Recount Consulting Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259785

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	0	9

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional) .....

3500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

HealthPartners

Mailing Address 8170 33rd Ave S

City State Zip Code  
Bloomington MN 55425

Purpose of Disbursement  
Recount Health Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D272306

Date of Disbursement

/   /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

HealthPartners

Mailing Address 8170 33rd Ave S

City State Zip Code  
Bloomington MN 55425

Purpose of Disbursement  
Recount Health Insurance

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D272517

Date of Disbursement

/   /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

William Howell

Mailing Address 3040 Timothy Drive NW

City State Zip Code  
Salem OR 97304

Purpose of Disbursement  
Recount Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D259810

Date of Disbursement

/   /

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional) .....

**9449.90**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Lockridge Grindal Nauen PLLP

Mailing Address 100 Washington Ave S, Ste 2200

City State Zip Code  
Minneapolis MN 55401

Purpose of Disbursement  
Recount Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259789

Date of Disbursement

/   /

Amount of Each Disbursement this Period

31525.00

B.

Full Name (Last, First, Middle Initial)

Lockridge Grindal Nauen PLLP

Mailing Address 100 Washington Ave S, Ste 2200

City State Zip Code  
Minneapolis MN 55401

Purpose of Disbursement  
Recount Travel

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259790

Date of Disbursement

/   /

Amount of Each Disbursement this Period

795.87

C.

Full Name (Last, First, Middle Initial)

Lockridge Grindal Nauen PLLP

Mailing Address 100 Washington Ave S, Ste 2200

City State Zip Code  
Minneapolis MN 55401

Purpose of Disbursement  
Recount Copying and Reseach Expense

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259791

Date of Disbursement

/   /

Amount of Each Disbursement this Period

252.76

**SUBTOTAL** of Disbursements This Page (optional) .....

32573.63

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Brian Madigan

Transaction ID: D259813

Date of Disbursement

02 / 13 / 2009

Mailing Address 5707 Highway 7  
#428

City Minneapolis State MN Zip Code 55416

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement  
Recount Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

B.

Full Name (Last, First, Middle Initial)

Brian Madigan

Transaction ID: D272353

Date of Disbursement

02 / 27 / 2009

Mailing Address 5707 Highway 7  
#428

City Minneapolis State MN Zip Code 55416

Amount of Each Disbursement this Period

1500.00

Purpose of Disbursement  
Recount Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

C.

Full Name (Last, First, Middle Initial)

Brent Malvick

Transaction ID: D272320

Date of Disbursement

02 / 19 / 2009

Mailing Address 222 W 1st St

City Duluth State MN Zip Code 55802

Amount of Each Disbursement this Period

259.33

Purpose of Disbursement  
Recount Travel Expenses

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

SUBTOTAL of Disbursements This Page (optional) .....

3259.33

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 47 / 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial)  
Maslon Edelman Borman & Brand, LLP

Mailing Address 90 South Seventh Street

City State Zip Code  
Minneapolis MN 55402Purpose of Disbursement  
Recount Consulting Services

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259794

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	0	9

Amount of Each Disbursement this Period

92965.00

**B.** Full Name (Last, First, Middle Initial)  
Maslon Edelman Borman & Brand, LLP

Mailing Address 90 South Seventh Street

City State Zip Code  
Minneapolis MN 55402Purpose of Disbursement  
Recount Courier Services, Printing, and Postage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259795

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	0	9

Amount of Each Disbursement this Period

1947.68

**C.** Full Name (Last, First, Middle Initial)  
Midtown Square Mankato, LLC

Mailing Address 220 E Main St

City State Zip Code  
Mankato MN 56001Purpose of Disbursement  
Recount Mankato Field Office Rent

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259796

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	3		2	0	0	9

Amount of Each Disbursement this Period

283.41

SUBTOTAL of Disbursements This Page (optional) .....

95196.09

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

MN Dept of Revenue

Mailing Address PO Box 821

City  
Minneapolis

State  
MN

Zip Code  
55480-0821

Purpose of Disbursement  
Recount MN WH Taxes

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259753

Date of Disbursement

/   /

Amount of Each Disbursement this Period

2050.99

B.

Full Name (Last, First, Middle Initial)

John T Moore

Mailing Address 421 Cedar Ave #3

City  
Minneapolis

State  
MN

Zip Code  
55454

Purpose of Disbursement  
Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259808

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

John T Moore

Mailing Address 421 Cedar Ave #3

City  
Minneapolis

State  
MN

Zip Code  
55454

Purpose of Disbursement  
Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259809

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

3050.99

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 49 / 98

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

John T Moore

Mailing Address 421 Cedar Ave #3

City State Zip Code  
 Minneapolis MN 55454

Purpose of Disbursement

Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D272338

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

John T Moore

Mailing Address 421 Cedar Ave #3

City State Zip Code  
 Minneapolis MN 55454

Purpose of Disbursement

Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D272339

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Lakes & Plains Regional Council

Mailing Address 700 Olive St

City State Zip Code  
 Saint Paul MN 55101

Purpose of Disbursement  
 Recount Meeting Room Rental

Candidate Name  
 Lakes & Plains Regional Council

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D272350

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1150.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Lakes & Plains Regional Council

Mailing Address 700 Olive St

City  
Saint Paul

State  
MN

Zip Code  
55101

Purpose of Disbursement  
Recount Meeting Room Rental

Candidate Name  
Lakes & Plains Regional Council

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259797

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.00

B.

Full Name (Last, First, Middle Initial)

Daniel J Olmschenk

Mailing Address 2628 Harriet Ave, #4

City  
Minneapolis

State  
MN

Zip Code  
55408

Purpose of Disbursement  
Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259804

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Daniel J Olmschenk

Mailing Address 2628 Harriet Ave, #4

City  
Minneapolis

State  
MN

Zip Code  
55408

Purpose of Disbursement  
Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259805

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1000.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1650.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

Daniel J Olmschenk

Mailing Address 2628 Harriet Ave, #4

City Minneapolis State MN Zip Code 55408

Purpose of Disbursement

Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D272332

Date of Disbursement

02 / 20 / 2009

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

Daniel J Olmschenk

Mailing Address 2628 Harriet Ave, #4

City Minneapolis State MN Zip Code 55408

Purpose of Disbursement

Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D272333

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Amanda Peel

Mailing Address 1677 Sherburne

City Saint Paul State MN Zip Code 55107

Purpose of Disbursement  
Recount Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D272352

Date of Disbursement

02 / 27 / 2009

Amount of Each Disbursement this Period

1500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

2500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

<b>A.</b> Full Name (Last, First, Middle Initial) Amanda Peel	<b>Transaction ID:</b> D259812 <b>Date of Disbursement</b>
Mailing Address 1677 Sherburne	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 1 3 / 2 0 0 9</div> </div>
City State Zip Code Saint Paul MN 55107	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Recount Consulting Services Candidate Name	<div> <div>1500.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	
<b>B.</b> Full Name (Last, First, Middle Initial) Rice County Auditor	<b>Transaction ID:</b> D272340 <b>Date of Disbursement</b>
Mailing Address 320 3rd St NW	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 4 / 2 0 0 9</div> </div>
City State Zip Code Faribault MN 55021-5191	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Recount Copies Candidate Name	<div> <div>675.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	
<b>C.</b> Full Name (Last, First, Middle Initial) Jack Roos	<b>Transaction ID:</b> D272329 <b>Date of Disbursement</b>
Mailing Address 5108 W. 58th Street	<div> <div>M M / D D / Y Y Y Y</div> <div>0 2 / 2 7 / 2 0 0 9</div> </div>
City State Zip Code Minneapolis MN 55436	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Recount Stipend Candidate Name	<div> <div>350.00</div> <div>Category/Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount	

**SUBTOTAL** of Disbursements This Page (optional) .....

**2525.00**

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 53 / 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Jack Roos

Mailing Address 5108 W. 58th Street

City State Zip Code  
Minneapolis MN 55436

Purpose of Disbursement  
Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D272331

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

B.

Full Name (Last, First, Middle Initial)

Jack Roos

Mailing Address 5108 W. 58th Street

City State Zip Code  
Minneapolis MN 55436

Purpose of Disbursement  
Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D259800

Date of Disbursement

/   /

Amount of Each Disbursement this Period

350.00

C.

Full Name (Last, First, Middle Initial)

Jack Roos

Mailing Address 5108 W. 58th Street

City State Zip Code  
Minneapolis MN 55436

Purpose of Disbursement  
Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D259801

Date of Disbursement

/   /

Amount of Each Disbursement this Period

750.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1450.00

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 54 / 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

<b>A.</b> Full Name (Last, First, Middle Initial) Sautter Communications	<b>Transaction ID:</b> D259792 <b>Date of Disbursement</b>																				
Mailing Address 3623 Everett Street NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	0	9												
City Washington State DC Zip Code 20008	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Recount Consulting Services	<table border="1"> <tr> <td>60000.00</td> </tr> </table>	60000.00																			
60000.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount																				
<b>B.</b> Full Name (Last, First, Middle Initial) Sautter Communications	<b>Transaction ID:</b> D259793 <b>Date of Disbursement</b>																				
Mailing Address 3623 Everett Street NW	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	3		2	0	0	9												
City Washington State DC Zip Code 20008	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Recount Travel	<table border="1"> <tr> <td>60.00</td> </tr> </table>	60.00																			
60.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount																				
<b>C.</b> Full Name (Last, First, Middle Initial) Amber Schmutge	<b>Transaction ID:</b> D259814 <b>Date of Disbursement</b>																				
Mailing Address 1670 Marshall Av #8	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>1</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		1	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		1	3		2	0	0	9												
City St. Paul State MN Zip Code 55104	<b>Amount of Each Disbursement this Period</b>																				
Purpose of Disbursement Recount Consulting Services	<table border="1"> <tr> <td>1500.00</td> </tr> </table>	1500.00																			
1500.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Recount																				

**SUBTOTAL** of Disbursements This Page (optional) .....

61560.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Amber Schmugge

Mailing Address 1670 Marshall Av #8

City State Zip Code  
St. Paul MN 55104

Purpose of Disbursement  
Recount Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D272354

Date of Disbursement

/   /

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

The Trenti Law Firm

Mailing Address 225 North 1st St

City State Zip Code  
Virginia MN 55972

Purpose of Disbursement  
Recount Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259786

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4270.00

C.

Full Name (Last, First, Middle Initial)

The Trenti Law Firm

Mailing Address 225 North 1st St

City State Zip Code  
Virginia MN 55972

Purpose of Disbursement  
Recount Mileage

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259788

Date of Disbursement

/   /

Amount of Each Disbursement this Period

150.80

**SUBTOTAL** of Disbursements This Page (optional) .....

5920.80

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

Zoe Thiel

Mailing Address 5733 Pleasant Avenue

City State Zip Code  
Minneapolis MN 55419

Purpose of Disbursement  
Recount Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259811

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 1 3 / 2 0 0 9

Amount of Each Disbursement this Period

1750.00

**B.**

Full Name (Last, First, Middle Initial)

Zoe Thiel

Mailing Address 5733 Pleasant Avenue

City State Zip Code  
Minneapolis MN 55419

Purpose of Disbursement  
Recount Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D272351

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 2 7 / 2 0 0 9

Amount of Each Disbursement this Period

1750.00

**C.**

Full Name (Last, First, Middle Initial)

Jaime Tincher

Mailing Address 3628 24th Ave S

City State Zip Code  
Minneapolis MN 55406-2521

Purpose of Disbursement  
Recount Payroll

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D261904

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 2 6 / 2 0 0 9

Amount of Each Disbursement this Period

2530.91

**SUBTOTAL** of Disbursements This Page (optional) .....

6030.91

**TOTAL** This Period (last page this line number only) .....



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 57 / 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

Jaime Tinchier

Mailing Address 3628 24th Ave S

City	State	Zip Code
Minneapolis	MN	55406-2521

Purpose of Disbursement

Recount Payroll

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259754

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	1		2	0	0	9

Amount of Each Disbursement this Period

2530.92

**B.**

Full Name (Last, First, Middle Initial)

John Ward

Mailing Address 840 Tuscarora Ave

City	State	Zip Code
Saint Paul	MN	55102

Purpose of Disbursement

Recount Stipend

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259802

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	6		2	0	0	9

Amount of Each Disbursement this Period

750.00

**C.**

Full Name (Last, First, Middle Initial)

John Ward

Mailing Address 840 Tuscarora Ave

City	State	Zip Code
Saint Paul	MN	55102

Purpose of Disbursement

Recount Stipend

Candidate Name

Category/  
Type
 Office Sought: ☐ House  
☐ Senate  
☐ President

 Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259803

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	0	9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

3780.92

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

John Ward

Mailing Address 840 Tuscarora Ave

City	State	Zip Code
Saint Paul	MN	55102

Purpose of Disbursement  
Recount Stipend

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D272334

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	7		2	0	0	9

Amount of Each Disbursement this Period

500.00

**B.**

Full Name (Last, First, Middle Initial)

John Ward

Mailing Address 840 Tuscarora Ave

City	State	Zip Code
Saint Paul	MN	55102

Purpose of Disbursement  
Recount Stipend

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D272335

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	0	9

Amount of Each Disbursement this Period

500.00

**C.**

Full Name (Last, First, Middle Initial)

Graham Wilson

Mailing Address 935 17th Ave SE

City	State	Zip Code
Minneapolis	MN	55414-2413

Purpose of Disbursement  
Recount Stipend

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼  
Recount

Transaction ID: D272336

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	0		2	0	0	9

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional) .....

1500.00

TOTAL This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Graham Wilson

Mailing Address 935 17th Ave SE

City  
Minneapolis

State  
MN

Zip Code  
55414-2413

Purpose of Disbursement  
Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D272337

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)

Graham Wilson

Mailing Address 935 17th Ave SE

City  
Minneapolis

State  
MN

Zip Code  
55414-2413

Purpose of Disbursement  
Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259806

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)

Graham Wilson

Mailing Address 935 17th Ave SE

City  
Minneapolis

State  
MN

Zip Code  
55414-2413

Purpose of Disbursement  
Recount Stipend

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259807

Date of Disbursement

/   /

Amount of Each Disbursement this Period

500.00

**SUBTOTAL** of Disbursements This Page (optional) .....

1500.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 60 / 98

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26  
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

A.

Full Name (Last, First, Middle Initial)

Nicole Wittig-Geske

Mailing Address 1403 Lydia Circle

City State Zip Code  
Stillwater MN 55082

Purpose of Disbursement  
Recount Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D259815

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 1 3 / 2 0 0 9

Amount of Each Disbursement this Period

1500.00

B.

Full Name (Last, First, Middle Initial)

Nicole Wittig-Geske

Mailing Address 1403 Lydia Circle

City State Zip Code  
Stillwater MN 55082

Purpose of Disbursement  
Recount Consulting Services

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D272355

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 2 7 / 2 0 0 9

Amount of Each Disbursement this Period

1500.00

C.

Full Name (Last, First, Middle Initial)

Xcel Energy

Mailing Address 414 Nicollet Mall

City State Zip Code  
Minneapolis MN 55401-1927

Purpose of Disbursement  
Recount Utilities

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

State: District:

Recount

Transaction ID: D272342

Date of Disbursement

M  M /  D  D /  Y  Y  Y  Y  
0 2 / 2 4 / 2 0 0 9

Amount of Each Disbursement this Period

199.04

SUBTOTAL of Disbursements This Page (optional) .....

3199.04

TOTAL This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

Xcel Energy

Mailing Address 414 Nicollet Mall

City  
MinneapolisState  
MNZip Code  
55401-1927

Purpose of Disbursement

Recount Utilities

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D272310

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	8		2	0	0	9

Amount of Each Disbursement this Period

785.60

**B.**

Full Name (Last, First, Middle Initial)

Elizabeth S Young

Mailing Address 1614 laurel Ave

City  
Saint PaulState  
MNZip Code  
55104

Purpose of Disbursement

Recount Mileage

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: 2008  
☐ Primary ☐ General  
☒ Other (specify) ▼

Recount

Transaction ID: D272343

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	4		2	0	0	9

Amount of Each Disbursement this Period

216.37

SUBTOTAL of Disbursements This Page (optional) .....

1001.97

TOTAL This Period (last page this line number only) .....

269718.77

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 62 / 98

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input checked="" type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial)

Julia Buck

Mailing Address 1516 Iglehart Ave

City  
Saint Paul

State  
MN

Zip Code  
55104

Purpose of Disbursement  
GOTV Supplies

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D272520

Date of Disbursement

/   /

Amount of Each Disbursement this Period

27.09

**B.**

Full Name (Last, First, Middle Initial)

Financial Innovations

Mailing Address 1 Weingeroff Blvd

City  
Cranston

State  
RI

Zip Code  
02910-4019

Purpose of Disbursement  
Rally Signs- Obama

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: 2008  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** D261877

Date of Disbursement

/   /

Amount of Each Disbursement this Period

175.00

**SUBTOTAL** of Disbursements This Page (optional) .....

202.09

**TOTAL** This Period (last page this line number only) .....

202.09

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Avenet LLCNature of Debt (Purpose):  
Web Page ProgrammingMailing Address 400 Sibley St  
Ste 560City State ZIP Code  
Saint Paul MN 55101-3170

Outstanding Balance Beginning This Period

586.50

Transaction ID: D219861

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

586.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Avenet LLCNature of Debt (Purpose):  
Web Page ProgrammingMailing Address 400 Sibley St  
Ste 560City State ZIP Code  
Saint Paul MN 55101-3170

Outstanding Balance Beginning This Period

2695.00

Transaction ID: D27969

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2695.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Best Western Inn Thief River FallsNature of Debt (Purpose):  
Travel Expenses

Mailing Address 1060 Highway 32 South

City State ZIP Code  
Thief River Falls MN 56701

Outstanding Balance Beginning This Period

86.25

Transaction ID: D219896

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

86.25

**1) SUBTOTALS** This Period This Page (optional).....

3367.75

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 64 / 98

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Coates Plaza HotelNature of Debt (Purpose):  
Staff Lodging

Mailing Address 502 Chestnut St

City State ZIP Code  
Virginia MN 55792-2532

Outstanding Balance Beginning This Period

1697.15

Transaction ID: D27723

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1697.15

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ConvioNature of Debt (Purpose):  
Web Page Data Hosting

Mailing Address PO Box 671445

City State ZIP Code  
Dallas TX 75267-1445

Outstanding Balance Beginning This Period

1700.00

Transaction ID: D27461

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1700.00

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ConvioNature of Debt (Purpose):  
Web Page Data Host

Mailing Address PO Box 671445

City State ZIP Code  
Dallas TX 75267-1445

Outstanding Balance Beginning This Period

825.00

Transaction ID: D219888

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

825.00

**1) SUBTOTALS** This Period This Page (optional).....

4222.15

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)



**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Dell ComputersNature of Debt (Purpose):  
Computer Equipments

Mailing Address PO Box 9020

City	State	ZIP Code
Des Moines	IA	50368-9020

Outstanding Balance Beginning This Period

1529.14

Transaction ID: D21467

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1529.14

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ExpediteNature of Debt (Purpose):  
Party Fundraising Mail

Mailing Address 3770 Dunlap St N

City	State	ZIP Code
Arden Hills	MN	55112-6907

Outstanding Balance Beginning This Period

2053.46

Transaction ID: D27286

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2053.46

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ExpediteNature of Debt (Purpose):  
Direct Mail Fundraising

Mailing Address 3770 Dunlap St N

City	State	ZIP Code
Arden Hills	MN	55112-6907

Outstanding Balance Beginning This Period

742.71

Transaction ID: D27715

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

742.71

1) **SUBTOTALS** This Period This Page (optional).....

4325.31

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 66 / 98

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ExpediteNature of Debt (Purpose):  
Direct Mail Fundraising

Mailing Address 3770 Dunlap St N

City State ZIP Code  
Arden Hills MN 55112-6907

Outstanding Balance Beginning This Period

2157.84

Transaction ID: D27833

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2157.84

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ExpediteNature of Debt (Purpose):  
Direct Mail Fundraising

Mailing Address 3770 Dunlap St N

City State ZIP Code  
Arden Hills MN 55112-6907

Outstanding Balance Beginning This Period

2438.72

Transaction ID: D27970

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2438.72

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
ExpediteNature of Debt (Purpose):  
Party Fundraising Mail

Mailing Address 3770 Dunlap St N

City State ZIP Code  
Arden Hills MN 55112-6907

Outstanding Balance Beginning This Period

3278.42

Transaction ID: D219889

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

3278.42

**1) SUBTOTALS** This Period This Page (optional).....

7874.98

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 67 / 98

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Global Financial ServicesNature of Debt (Purpose):  
Mail Equipment Lease

Mailing Address PO Box 856460

City State ZIP Code  
Louisville KY 40285-6460

Outstanding Balance Beginning This Period

2160.34

Transaction ID: D27840

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2160.34

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Honsa-Binder PrintingNature of Debt (Purpose):  
Direct Mail Fundraising  
& Receipt Forms

Mailing Address 320 Spruce St

City State ZIP Code  
Saint Paul MN 55101-2445

Outstanding Balance Beginning This Period

1187.74

Transaction ID: D27462

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1187.74

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Honsa-Binder PrintingNature of Debt (Purpose):  
Direct Mail Fundraising

Mailing Address 320 Spruce St

City State ZIP Code  
Saint Paul MN 55101-2445

Outstanding Balance Beginning This Period

1153.16

Transaction ID: D27713

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1153.16

**1) SUBTOTALS** This Period This Page (optional).....

4501.24

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 68 / 98

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Honsa-Binder PrintingNature of Debt (Purpose):  
Direct Mail Fundraising  
Supplies

Mailing Address 320 Spruce St

City State ZIP Code  
Saint Paul MN 55101-2445

Outstanding Balance Beginning This Period

400.48

Transaction ID: D27965

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

400.48

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Honsa-Binder PrintingNature of Debt (Purpose):  
Direct Mail Fundraising

Mailing Address 320 Spruce St

City State ZIP Code  
Saint Paul MN 55101-2445

Outstanding Balance Beginning This Period

4319.11

Transaction ID: D28191

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

4319.11

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Honsa-Binder PrintingNature of Debt (Purpose):  
Party Direct Mail Fundrai-  
sing

Mailing Address 320 Spruce St

City State ZIP Code  
Saint Paul MN 55101-2445

Outstanding Balance Beginning This Period

7192.12

Transaction ID: D219890

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

7192.12

**1) SUBTOTALS** This Period This Page (optional).....

11911.71

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 69 / 98

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Inter Tel TechnologiesNature of Debt (Purpose):  
Phone System Programming

Mailing Address PO Box 29653

City State ZIP Code  
Phoenix AZ 85038-9653

Outstanding Balance Beginning This Period

337.50

Transaction ID: D27837

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

337.50

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Metro SalesNature of Debt (Purpose):  
Copier Machine Maintenance

Mailing Address 1620 E 78th St

City State ZIP Code  
Minneapolis MN 55423-4645

Outstanding Balance Beginning This Period

592.85

Transaction ID: D219892

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

592.85

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Minneapolis ClubNature of Debt (Purpose):  
Meeting Lunches

Mailing Address 729 2nd Ave S

City State ZIP Code  
Minneapolis MN 55402-2463

Outstanding Balance Beginning This Period

751.22

Transaction ID: D27603

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

751.22

**1) SUBTOTALS** This Period This Page (optional).....

1681.57

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

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FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Minneapolis ClubNature of Debt (Purpose):  
Meeting Lunch

Mailing Address 729 2nd Ave S

City	State	ZIP Code
Minneapolis	MN	55402-2463

Outstanding Balance Beginning This Period

671.59

Transaction ID: D27839

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

671.59

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Office DepotNature of Debt (Purpose):  
Office Supplies

Mailing Address PO Box 633211

City	State	ZIP Code
Cincinnati	OH	45263-3211

Outstanding Balance Beginning This Period

637.30

Transaction ID: D27729

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

637.30

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Pitney Bowes Purchase PowerNature of Debt (Purpose):  
Office Postage

Mailing Address PO Box 85390

City	State	ZIP Code
Louisville	KY	40285-5390

Outstanding Balance Beginning This Period

2750.36

Transaction ID: D27290

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2750.36

**1) SUBTOTALS** This Period This Page (optional).....

4059.25

**2) TOTALS** This Period (last page this line number only).....**3) TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....**4) ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 71 / 98

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Pitney Bowes Purchase PowerNature of Debt (Purpose):  
Office Postage

Mailing Address PO Box 85390

City State ZIP Code  
Louisville KY 40285-5390

Outstanding Balance Beginning This Period

1385.42

Transaction ID: D27600

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1385.42

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Pitney Bowes Purchase PowerNature of Debt (Purpose):  
Office Postage

Mailing Address PO Box 85390

City State ZIP Code  
Louisville KY 40285-5390

Outstanding Balance Beginning This Period

1278.24

Transaction ID: D27841

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1278.24

**C.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
Pitney Bowes Purchase PowerNature of Debt (Purpose):  
Office Postage

Mailing Address PO Box 85390

City State ZIP Code  
Louisville KY 40285-5390

Outstanding Balance Beginning This Period

10822.30

Transaction ID: D219894

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

10822.30

1) **SUBTOTALS** This Period This Page (optional).....

13485.96

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 72 / 98

FOR LINE NUMBER:  
(check only one)
☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Solution Builders

 Nature of Debt (Purpose):  
 Computer Equipment

 Mailing Address 7800 Metro Pkwy  
 Ste 300

 City State ZIP Code  
 Bloomington MN 55425-1509

Outstanding Balance Beginning This Period

934.59

Transaction ID: D27467

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

934.59

**B.** Full Name (Last, First, Middle Initial) of Debtor or Creditor  
 Tech Depot

 Nature of Debt (Purpose):  
 Computer Equipment

Mailing Address PO Box 33074

 City State ZIP Code  
 Hartford CT 06150-3074

Outstanding Balance Beginning This Period

1784.33

Transaction ID: D28198

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1784.33

1) **SUBTOTALS** This Period This Page (optional).....

2718.92

2) **TOTALS** This Period (last page this line number only).....

58148.84

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

58148.84



**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 73 / 98  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT  
 Non-Federal Portion  
 of Admin

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 2 / 0 6 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

2400.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

2400.00

Transaction ID: T2016

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 74 / 98  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT  
 Non-Federal Portion  
 of Admin

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 2 / 0 6 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

4000.00

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

4000.00

Transaction ID: T2017

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 75 / 98  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT  
 Non-Federal Portion  
 of Admin

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 2 / 1 8 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

2560.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

2560.00

Transaction ID: T2020

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT  
 Non Federal Portion  
 of Admin

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 2 / 1 9 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

1280.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

1280.00

Transaction ID: T2021

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 77 / 98  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT  
 Non-Federal Portion  
 of Inaugural

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 2 / 2 7 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

1920.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

1920.00

Transaction ID: T2022

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 78 / 98  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT  
 Non Federal Portion  
 of Admin

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 2 / 0 3 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

-6624.49

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

-6624.49

Transaction ID: T2026

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 79 / 98  
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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT  
 Non Federal Portion  
 of Admin

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 2 / 1 0 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

-2450.19

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

-2450.19

Transaction ID: T2027

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 80 / 98  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT  
 Non Federal Portion  
 of Admin

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 2 / 1 2 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

-548.83

## BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

-548.83

Transaction ID: T2028

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

## TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....



**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

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 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT  
 Non Federal Portion  
 of Admin

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 2 / 1 7 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

-1904.13

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

-1904.13

Transaction ID: T2029

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

TOTAL This Period (Generic Voter Drive) .....

TOTAL This Period (Exempt Activities) .....

TOTAL This Period (Direct Fundraising) .....

TOTAL This Period (Direct Candidate Support) .....

TOTAL This Period (Public Communications Referring Only to Party) .....

TOTAL This Period (Total Amount Transferred) .....

**SCHEDULE H3 (FEC Form 3X)**  
**TRANSFERS FROM NONFEDERAL ACCOUNTS FOR**  
**ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

PAGE 82 / 98  
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT  
 Non Federal portion  
 of Admin

DATE OF RECEIPT

M M / D D / Y Y Y Y  
 0 2 / 1 9 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

-6573.22

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative .....

-6573.22

Transaction ID: T2032

ii) Generic Voter Drive .....

Transaction ID:

iii) Exempt Activities .....

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred for Direct Fundraising .....

v) Direct Candidate Support (List of Activity or Event Identifier)

a) .....

Transaction ID:

b) .....

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative) .....

-5940.86

TOTAL This Period (Generic Voter Drive) .....

0.00

TOTAL This Period (Exempt Activities) .....

0.00

TOTAL This Period (Direct Fundraising) .....

0.00

TOTAL This Period (Direct Candidate Support) .....

0.00

TOTAL This Period (Public Communications Referring Only to Party) .....

0.00

TOTAL This Period (Total Amount Transferred) .....

-5940.86

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 83 / 98  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A. Full Name (Last, First, Middle Initial)**  
 Aetna

Mailing Address

PO Box 88860

City State Zip Code  
 Chicago IL 60695-1860

Purpose of Disbursement:  
 Health Insurance

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date M M / D D / Y Y Y Y  
 0 2 / 0 1 / 2 0 0 9

Transaction ID: D272548

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

193.99

1099.32

1293.31

**B. Full Name (Last, First, Middle Initial)**  
 Atomic

Mailing Address

615 N. 3rd Street

City State Zip Code  
 Minneapolis MN 55101

Purpose of Disbursement:  
 Field Office Phones

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date M M / D D / Y Y Y Y  
 0 2 / 0 2 / 2 0 0 9

Transaction ID: D272527

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

107.06

606.69

713.75

**C. Full Name (Last, First, Middle Initial)**  
 Bes Cleaning Company

Mailing Address

2818 Western Avenue

City State Zip Code  
 Saint Paul MN 55113

Purpose of Disbursement:  
 Office Cleaning

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date M M / D D / Y Y Y Y  
 0 2 / 1 9 / 2 0 0 9

Transaction ID: D272531

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

120.00

680.00

800.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

421.05

2386.01

2807.06

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 84 / 98  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A. Full Name (Last, First, Middle Initial)**  
 Charter Communications

Mailing Address

3380 NORTHERN VALLEY PL NE

City	State	Zip Code
Rochester	MN	55906-3954

Purpose of Disbursement:  
 Field Office Internet

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date 

M	M
0	2

 / 

D	D
1	9

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: D272535

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
298.86		531.31		830.17

**B. Full Name (Last, First, Middle Initial)**  
 Democratic Gain

Mailing Address

PO Box 15007

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement:  
 Employment Advertising

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date 

M	M
0	2

 / 

D	D
1	8

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: D272537

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
27.00		48.00		75.00

**C. Full Name (Last, First, Middle Initial)**  
 Direct TV

Mailing Address

PO Box 60036

City	State	Zip Code
Los Angeles	CA	90060-0036

Purpose of Disbursement:  
 Cable TV

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date 

M	M
0	2

 / 

D	D
1	0

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: D259780

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.90		265.80		312.70

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
372.76		845.11		1217.87

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 85 / 98  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A. Full Name (Last, First, Middle Initial)**

DJB Productions, LLC

## Mailing Address

625 7th St NE

City State Zip Code

Washington

DC

20002

Purpose of Disbursement:  
DJ for DC Inaugural EventCategory/  
TypeActivity or Event Identifier:  
DC Inaugural Event 1/20/09

## Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

6090.00

Date M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: D261586

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

810.00

90.00

900.00

**B. Full Name (Last, First, Middle Initial)**

GE Capital

## Mailing Address

PO Box 31001 0273

City State Zip Code

Pasadena

CA

91110

Purpose of Disbursement:  
Copier LeaseCategory/  
TypeActivity or Event Identifier:  
Administrative

## Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date M M / D D / Y Y Y Y  
0 2 / 0 6 / 2 0 0 9

Transaction ID: D259778

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

75.48

427.74

503.22

**C. Full Name (Last, First, Middle Initial)**

Graves 601 Hotel

## Mailing Address

601 N First Street

City State Zip Code

Minneapolis

MN

55414

Purpose of Disbursement:  
Catering Mpls Inaugural EventCategory/  
TypeActivity or Event Identifier:  
Mpls Inaugural Event 1/17/09

## Type of Allocated Activity:

☐ Administrative ☒ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

18266.71

Date M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 0 9

Transaction ID: D261588

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

299.39

89.43

388.82

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1184.87

607.17

1792.04

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 86 / 98  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A. Full Name (Last, First, Middle Initial)**  
Minnesota Shredding LLC

Mailing Address

8400 89th Ave N, Ste 430

 City State Zip Code  
Minneapolis MN 55445

 Purpose of Disbursement:  
Recycling
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

 Date M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 9

Transaction ID: D261883

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
92.31		164.09		256.40

**B. Full Name (Last, First, Middle Initial)**  
Nu-Telecom

Mailing Address

27 N Minnesota Street Box 697

 City State Zip Code  
New Ulm MN 56073

 Purpose of Disbursement:  
Phone Services
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

 Date M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 9

Transaction ID: D261881

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1.44		2.54		3.98

**C. Full Name (Last, First, Middle Initial)**  
Olmstead County DFL

Mailing Address

PO Box 9044

 City State Zip Code  
Rochester MN 55903-9044

 Purpose of Disbursement:  
Phone Expenses
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

 Date M M / D D / Y Y Y Y  
0 2 / 2 4 / 2 0 0 9

Transaction ID: D261880

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
34.62		61.55		96.17

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
128.37		228.18		356.55

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 87 / 98  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A. Full Name (Last, First, Middle Initial)**  
Pitney Bowes Purchase Power

Mailing Address

PO Box 85390

City	State	Zip Code
Louisville	KY	40285-5390

Purpose of Disbursement:  
Office Postage

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date 

M	M
0	2

 / 

D	D
0	9

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: D259779

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
799.82		1421.90		2221.72

**B. Full Name (Last, First, Middle Initial)**  
Proteam Painting Plus

Mailing Address

1462 Midway Parkway

City	State	Zip Code
Saint Paul	MN	55108

Purpose of Disbursement:  
Field Office Painting

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date 

M	M
0	2

 / 

D	D
2	4

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: D261879

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
253.27		450.25		703.52

**C. Full Name (Last, First, Middle Initial)**  
QWest

Mailing Address

PO Box 1301

City	State	Zip Code
Minneapolis	MN	55483-0002

Purpose of Disbursement:  
Phone Service

Category/  
Type

Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date 

M	M
0	2

 / 

D	D
2	4

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: D261882

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2.10		3.71		5.81

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1055.19		1875.86		2931.05

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 88 / 98  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A. Full Name (Last, First, Middle Initial)**  
 SPRWS

Mailing Address  
 1900 Rice St

City State Zip Code  
 Saint Paul MN 55113-6810

Purpose of Disbursement:  
 Water Services

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date M M / D D / Y Y Y Y  
 0 2 / 0 6 / 2 0 0 9

Transaction ID: D259776

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
15.98		90.58		106.56

**B. Full Name (Last, First, Middle Initial)**  
 Technology Insurance Company

Mailing Address  
 PO Box 2225

City State Zip Code  
 Beachwood OH 44122

Purpose of Disbursement:  
 Worker's Comp Insurance

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date M M / D D / Y Y Y Y  
 0 2 / 0 6 / 2 0 0 9

Transaction ID: D259777

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
188.64		335.36		524.00

**C. Full Name (Last, First, Middle Initial)**  
 US Bank

Mailing Address  
 5th and Robert St

City State Zip Code  
 Saint Paul MN 55101

Purpose of Disbursement:  
 Mortgage Payment

Category/Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date M M / D D / Y Y Y Y  
 0 2 / 2 0 / 2 0 0 9

Transaction ID: D272533

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
779.35		4416.38		5195.73

## **SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
983.97		4842.32		5826.29

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT



**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 89 / 98  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A. Full Name (Last, First, Middle Initial)**  
Verizon Wireless

Mailing Address

PO Box 790293

City	State	Zip Code
Saint Louis	MO	63179-0293

 Purpose of Disbursement:  
Cell Phones
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	1	/	2	0	0	9

Transaction ID: D272550

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
364.04		2062.90		2426.94

**B. Full Name (Last, First, Middle Initial)**  
Verizon Wireless

Mailing Address

PO Box 25505

City	State	Zip Code
Lehigh Valley	PA	18002-5505

 Purpose of Disbursement:  
Cell Phone
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	6	/	2	0	0	9

Transaction ID: D259773

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
960.00		1706.67		2666.67

**C. Full Name (Last, First, Middle Initial)**  
Vonage

Mailing Address

2147 Route 27

City	State	Zip Code
Edison	NJ	08817

 Purpose of Disbursement:  
Field Office Phones
Category/  
Type
 Activity or Event Identifier:  
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

 Date 

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	9	/	2	0	0	9

Transaction ID: D272534

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1409.58		2505.90		3915.48

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
2733.62		6275.47		9009.09

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

# **SCHEDULE H4 (FEC Form 3X)** **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 90 / 98  
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A. Full Name (Last, First, Middle Initial)**  
 Waste Management

Mailing Address

12448 Pennsylvania Ave

City	State	Zip Code
Savage	MN	55378-1118

Purpose of Disbursement:  
 Trash Removal

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date 

M	M
0	2

 / 

D	D
0	1

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: D272549

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
46.31		64.55		110.86

**B. Full Name (Last, First, Middle Initial)**  
 Weinblatt & Gaylord PLC

Mailing Address

111 Kellogg Blvd E

City	State	Zip Code
Saint Paul	MN	55101-1236

Purpose of Disbursement:  
 Legal Services

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date 

M	M
0	2

 / 

D	D
2	7

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: D272547

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
900.00		1600.00		2500.00

**C. Full Name (Last, First, Middle Initial)**  
 Xcel Energy

Mailing Address

414 Nicollet Mall

City	State	Zip Code
Minneapolis	MN	55401-1927

Purpose of Disbursement:  
 Utilities

Category/  
Type

Activity or Event Identifier:  
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt  
☐ Voter Drive ☐ Direct Candidate Support  
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date 

M	M
0	2

 / 

D	D
0	6

 / 

Y	Y	Y	Y
2	0	0	9

Transaction ID: D259774

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
720.00		1280.00		2000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1666.31		2944.55		4610.86

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)  
DISBURSEMENT FOR ALLOCATED  
FEDERAL/NONFEDERAL ACTIVITY**

 PAGE 91 / 98  
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A. Full Name (Last, First, Middle Initial)**

Xcel Energy

Mailing Address

414 Nicollet Mall

City

State

Zip Code

Minneapolis

MN

55401-1927

Purpose of Disbursement:

Utilities

Category/  
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date 02 / 24 / 2009

Transaction ID: D261878

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

282.82

502.78

785.60

**B. Full Name (Last, First, Middle Initial)**

XO Communications

Mailing Address

PO Box 828618

City

State

Zip Code

Philadelphia

PA

19182-0001

Purpose of Disbursement:

Main Office Phones

Category/  
Type

Activity or Event Identifier:

Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt☐ Voter Drive ☐ Direct Candidate Support☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

53897.12

Date 02 / 06 / 2009

Transaction ID: D259775

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

143.09

810.84

953.93

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

=

TOTAL AMOUNT

425.91

1313.62

1739.53

**TOTAL** This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

8972.05

21318.29

30290.34

**SCHEDULE L (FEC Form 3X)**

92 / 98

**AGGREGATION PAGE: LEVIN FUNDS**Transaction ID: **SchedL1**

NAME OF COMMITTEE (In Full)  
Minnesota Democratic-Farmer-Labor Party

NAME OF ACCOUNT  
LEVIN Designated Funds

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
a. Itemized..... (Use Schedule L-A)	0.00	0.00
b. Unitemized.....	0.00	0.00
c. Total.....	0.00	0.00
2. OTHER RECEIPTS.....	0.00	0.00
3. TOTAL RECEIPTS..... (Add Lines 1c and 2)	0.00	0.00
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
a. Voter Registration.....	0.00	0.00
b. Voter ID.....	0.00	0.00
c. GOTV.....	0.00	0.00
d. Generic Campaign.....	0.00	0.00
e. Total.....	0.00	0.00
5. OTHER DISBURSEMENTS.....	0.00	0.00
6. TOTAL DISBURSEMENTS..... (Add Lines 4e and 5)	0.00	0.00
7. BEGINNING CASH ON HAND..... (for Column B, use cash as of January 1st)	26.57	26.57
8. RECEIPTS..... (from Line 3)	0.00	0.00
9. SUBTOTAL..... (Add Lines 7 and 8)	26.57	26.57
10. DISBURSEMENTS..... (From Line 6)	0.00	0.00
11. ENDING CASH ON HAND..... (Subtract Line 10 From Line 9)	26.57	26.57

# **SCHEDULE L-B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS** **OF LEVIN FUNDS**

Use separate schedule(s)  
for each category of the  
Aggregation Page

FOR LINE NUMBER:  
(check only one)

PAGE 93 / 98

☐ 4a ☒ 4b ☒ 4c ☐ 5

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NAME OF COMMITTEE (In Full)

Minnesota Democratic-Farmer-Labor Party

**A.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Levin - Levin Designated Funds

Mailing Address US Bank

City State Zip Code  
St Paul MN 55101

Purpose of Disbursement  
Non Federal Portion of Levin Activity

**Transaction ID:** D233631

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

38511.72

**Account:**

**B.**

Full Name (Last, First, Middle Initial) / Full Organization Name

Levin - Levin Designated Funds

Mailing Address US Bank

City State Zip Code  
St Paul MN 55101

Purpose of Disbursement  
Non Federal Portion of Levin Activity

**Transaction ID:** D233632

Date of Disbursement

10 / 31 / 2008

Amount of Each Disbursement this Period

70111.72

**Account:**

**SUBTOTAL** of Disbursements This Page (optional) .....

108623.44

**TOTAL** This Period (last page this line number only) .....

108623.44

**Image# 29991783403**

Form/Schedule: **SB29**

Reimbursements- Minneapolis Finance Department/ Copies/ \$81.25

Transaction ID: **D272325**

Form/Schedule: **SB21B**

Reimbursements- Verizon Wireless/ Cell and Audio Equipment/ \$291.16

Transaction ID: **D272373**

\*\*\*\*\*

Image# 29991783404

Form/Schedule: **SB21B**

Transaction ID: **D272374**

Reimbursement- US Airways, Four Points Denver, United Air/ Travel Expense/ \$1881.

Form/Schedule: **SB29**

Transaction ID: **D272323**

Reimbursements- Pizza Hut/ Recount Volunteer Food/ \$207.96

Form/Schedule: **H3**  
Transaction ID: **T2032**

Negative amount is transfer of non fed amount refunded by vendors. Deposits on phones, etc.

Form/Schedule: **H3**  
Transaction ID: **T2029**

Negative amount is refund of deposits on phones etc. State share transfered out.



Image# 29991783406

Form/Schedule: **H3**

Transaction ID: **T2026**

Negative amount is refund of deposits on phones etc. State share transfered out.

Form/Schedule: **H3**

Transaction ID: **T2027**

Negative amount is refund of deposits on phones etc. State share transfered out.

\*\*\*\*\*

Form/Schedule: **H3**

Transaction ID: **T2028**

Negative amount is refund of deposits on phones etc. State share transfered out.